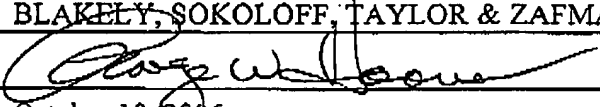
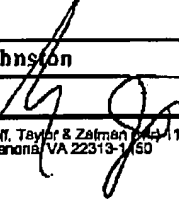


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/771,557
		Filing Date	February 3, 2004
		First Named Inventor	David Oliwa
		Art Unit	3761
		Examiner Name	Craig, Paula L.
Total Number of Pages in This Submission	8	Attorney Docket Number	6806P001

RECEIVED
CENTRAL FAX CENTER
OCT 10 2006

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George W Hoover, Reg. No. 32,992 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 10, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Suzanne Johnson		
Signature		Date	October 10, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman dated 11/30/2005.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number 10/771,557
 Filing Date February 3, 2004
 First Named Inventor David Oliwa
 Examiner Name Craig, Paula L.
 Art Unit 3761
 Attorney Docket No. 6806P001

RECEIVED
CENTRAL FAX CENTER
OCT 10 2006

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	5	20 th	0
Independent Claims	1	3 rd	0
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	750	2204	365	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,580	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1450	130	2450	130	Petitions to the Commissioner
1807	50	1807	60	Processing fee under 37 CFR 1.17(a)
1805	180	1803	180	Submission of Information Disclosure Stmt
1809	750	1809	365	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)

George W Hoover

Registration No.
(Attorney/Agent)

32,992

Telephone

(310) 207-3800

Signature

Date

10/10/06

Based on PTO/GS-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/771,557
 Filing Date February 3, 2004
 First Named Inventor David Oliwa
 Examiner Name Craig, Paula L.
 Art Unit 3761
 Attorney Docket No. 6806P001

RECEIVED
CENTRAL FAX CENTER

OCT 10 2006

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ Name ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
5	20	0	\$0.00
Independent Claims	1	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 80	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	*Release independent claims over original patent
1205 300	2205 150	*Release claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$) 0.00

*or number previously paid, if greater. For Releases, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051 130		2051 65		Surcharge - late filing fee or oath
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet
2053 130		2053 130		Non-English specification
1251 120		2251 60		Extension for reply within first month
1252 450		2252 225		Extension for reply within second month
1253 1,020		2253 510		Extension for reply within third month
1254 1,590		2254 795		Extension for reply within fourth month
1255 2,160		2255 1,080		Extension for reply within fifth month
1401 500		2401 250		Notice of Appeal
1402 500		2402 250		Filing a brief in support of an appeal
1403 1,000		2403 500		Request for oral hearing
1451 1,510		2451 1,510		Petition to institute a public use proceeding
1450 130		2450 130		Petitions to the Commissioner
1807 50		1807 50		Processing fee under 37 CFR 1.17(c)
1806 180		1806 180		Submission of Information Disclosure Stmt
1809 790		1809 395		Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790		2810 395		For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) George W Hoover Registration No. 32,992 Telephone (310) 207-3800
 Signature [Signature] Date 10/10/06

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER
OCT 10 2006

REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 3700

Attorney's Docket No. 6806P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **David Oliwa**

Application No.: **10/771,557**

Filed: **February 3, 2004**

For: **REMOTE CONTROL VALVE FOR URINE
COLLECTION BAG**

Examiner: **Craig, Paula L.**

Art Unit: **3761**

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the outstanding Final Office Action mailed July 11, 2006, Applicant requests entry of the following amendment.